



The Office of the National Coordinator for  
Health Information Technology



# ONC Update

NCVHS Meeting  
June 11, 2014

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Chief Nursing Officer  
ONC

Putting the **I** in Health **IT**   
[www.HealthIT.gov](http://www.HealthIT.gov)

# ONC Update Items

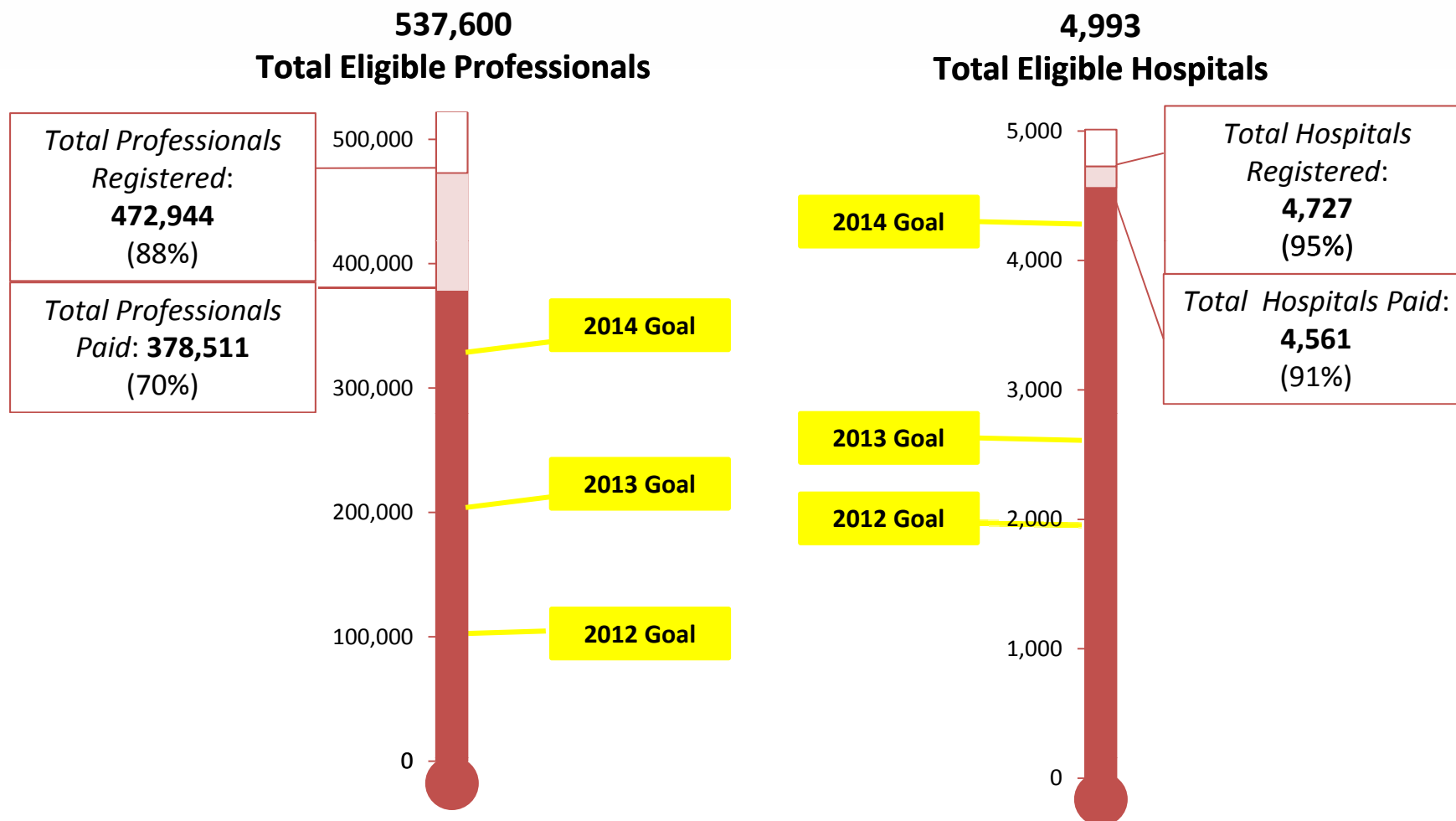


1. EHR Adoption Statistics
  - 2014 Attestation
2. Vendor certification status
3. The JASON Report released April 2014
4. The PCAST Report released May 2014
5. ONC 10 Year Vision for Interoperability released June 2014
6. The new Health IT Dashboard
7. Functional Re-Alignment
  - FACA Committees
  - ONC Offices and Staff

# EHR Adoption Has Reached a Tipping Point

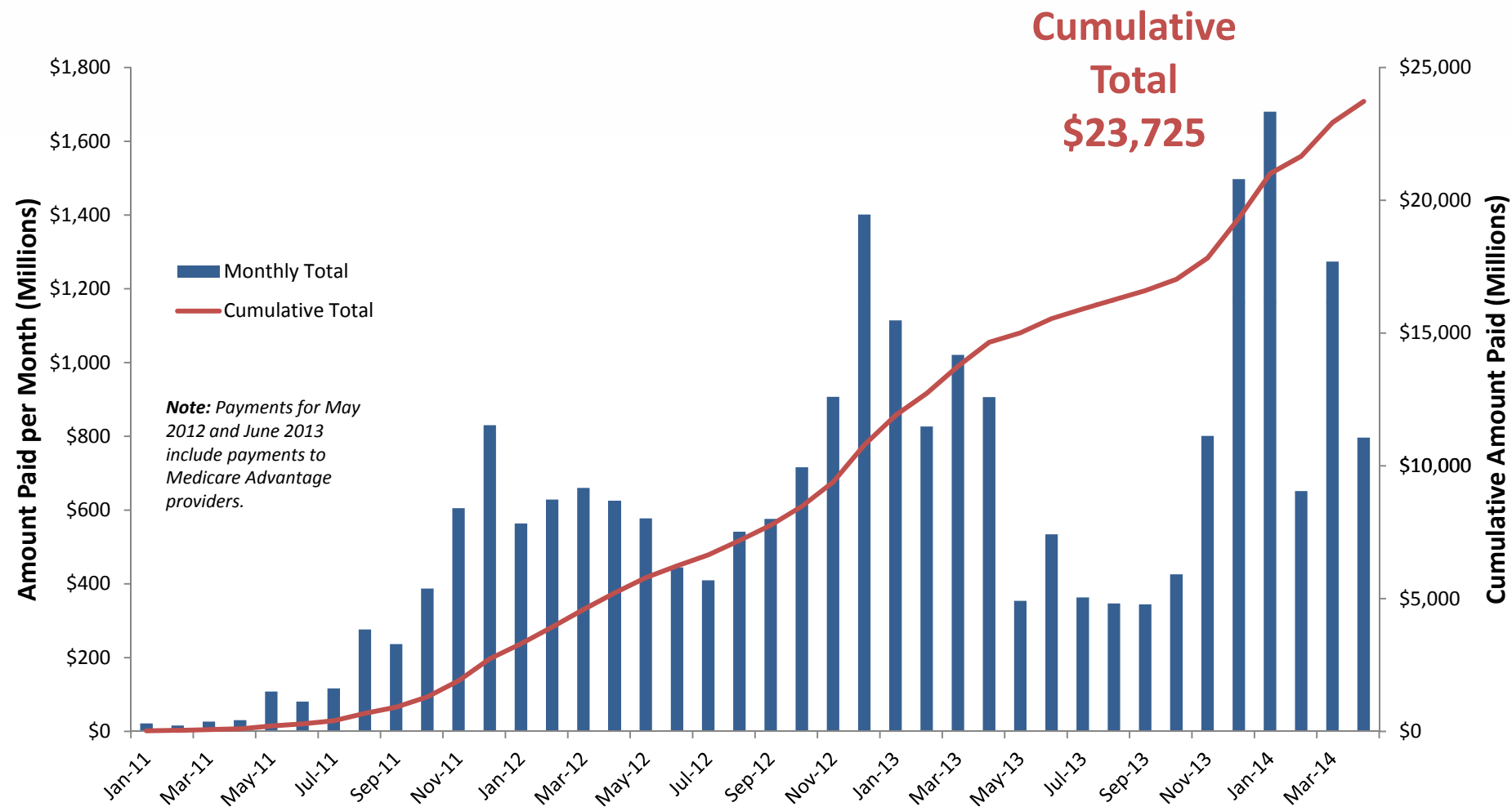


## Meaningful Use – Professionals and Hospitals Registered and Paid by Medicare or Medicaid



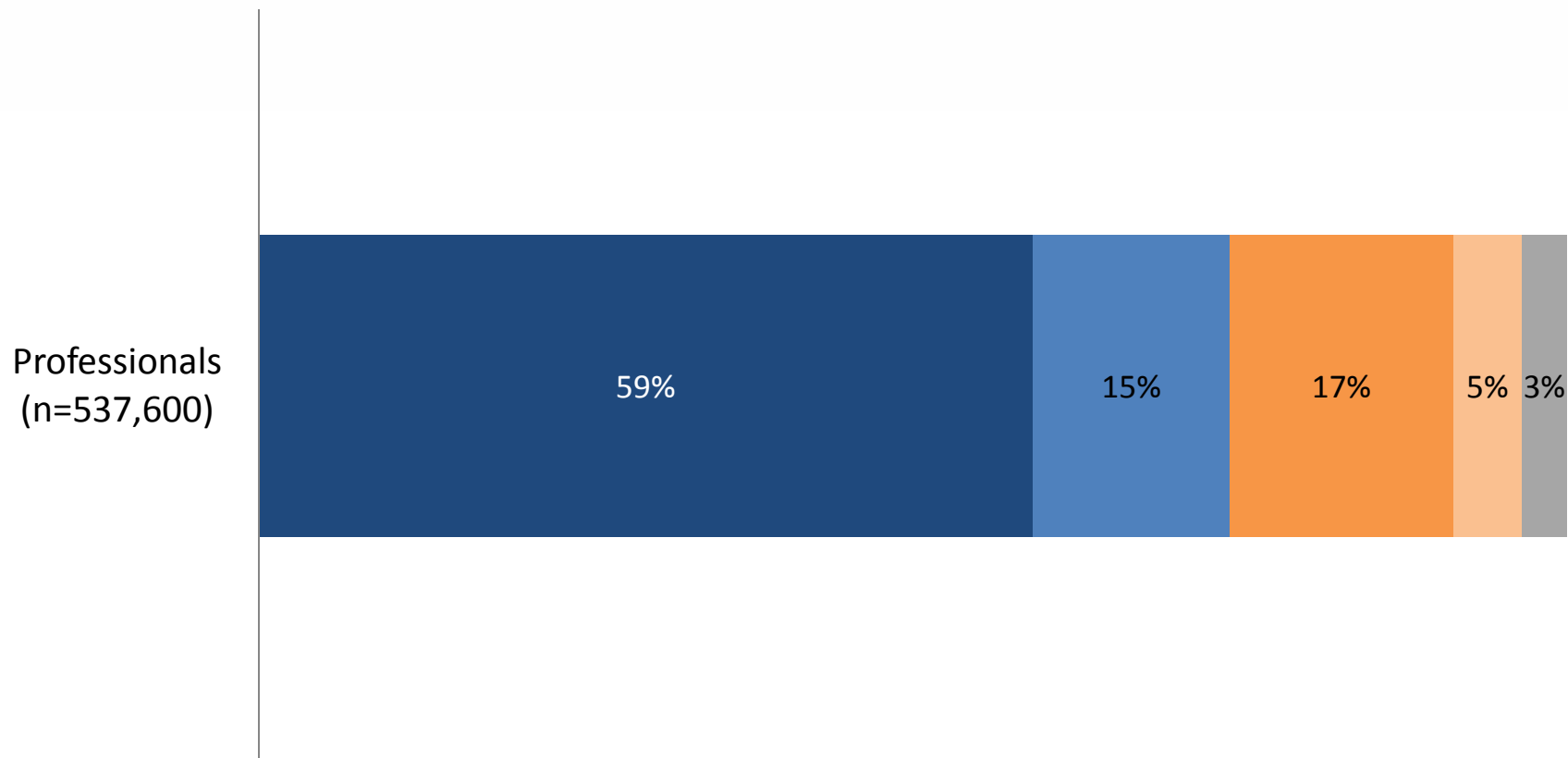
Source: CMS EHR Incentive Program Data as of 04/30/2014

# Total EHR Incentive Payments to All Eligible Providers and Hospitals by Month



Source: CMS EHR Incentive Program Data as of 04/30/2014

# Majority of eligible professionals have attested to stage 1



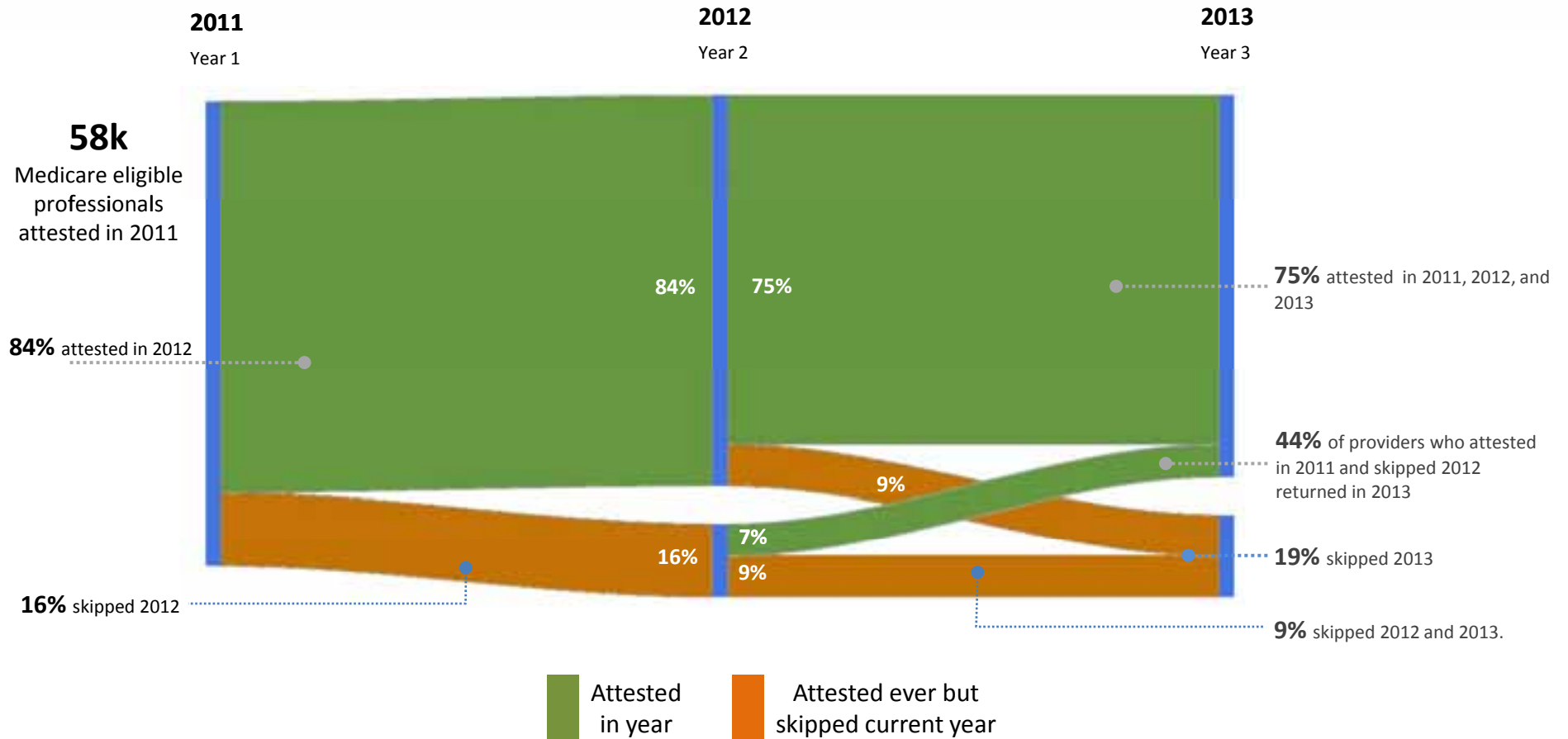
■ Attested MU ■ AIU only ■ Registered EHR Incentive Program ■ Enrolled REC ■ Not participating

Note: Categories are hierarchical and mutually exclusive. For example, a professional that has attested to meaningful use and received an AIU payment and is enrolled with an REC is counted only in the Attested MU category. MU is meaningful use. AIU is adopt/implement/upgrade to certified EHR technology. REC is Regional Extension Center.

# Majority of eligible professionals return to attest year after year



2011-2013 attestation patterns among Medicare professionals who first attested to meaningful use in 2011



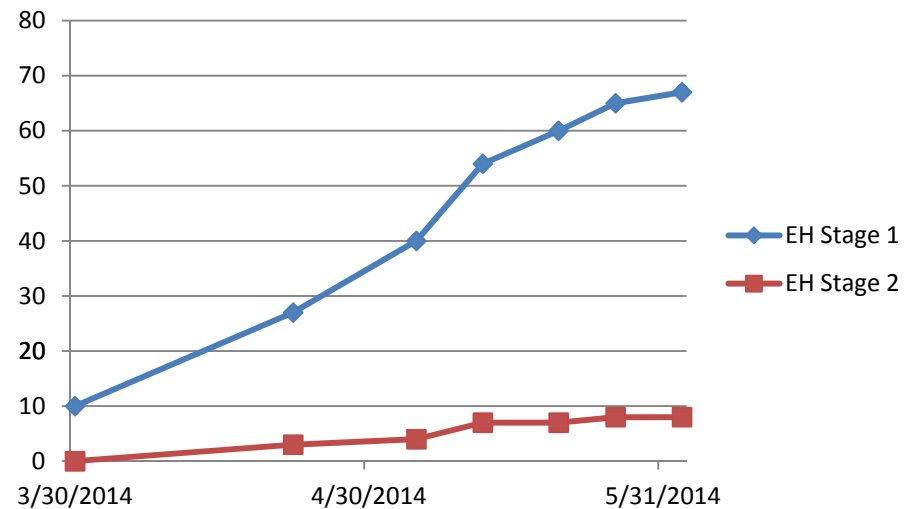
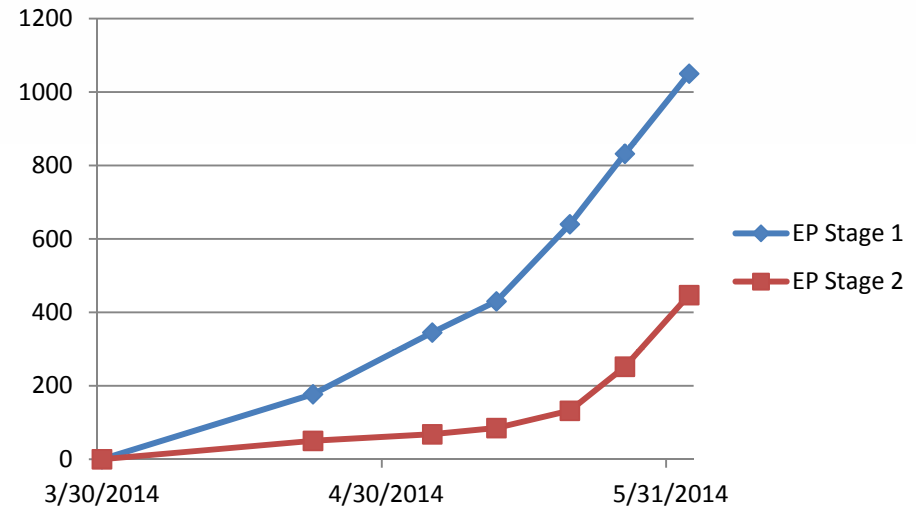
Note: Providers skipping a year include providers who may have retired or no longer be in active practice. Based on analysis of CMS Medicare and Medicaid EHR Incentive Program Electronic Health Record Products Used for Attestation public use data file, March 2014. <http://www.healthdata.gov/data/dataset/cms-medicare-and-medicare-ehr-incentive-program-electronic-health-record-products-used>

# 2014 Edition Attestations



## Trends in 2014 Attestation Data: 2014 Edition Certified Software

	EP	EP	EH	EH
Date	Stage 1	Stage 2	Stage 1	Stage 2
6/2/2014	1050	447	67	8
5/26/2014	832	252	65	8
5/20/2014	640	132	60	7
5/12/2014	430	85	54	7
5/5/2014	345	68	40	4
4/22/2014	177	50	27	3
3/30/2014	0	0	10	0



# 2014 Edition Certification Products

## Certified Health IT Product List (CHPL)



- **940** “unique” 2014 Certified EHR Products  
(as of 06-06-2014)

	Ambulatory	Inpatient	Total
<b>Complete EHR</b>	<b>222</b>	<b>29</b>	<b>251</b>
<b>Modular EHR</b>	<b>348</b>	<b>341</b>	<b>689</b>
<b>Total</b>	<b>570</b>	<b>370</b>	<b>940</b>

This table shows the unique count of 2014 products only. Any additional versions of the same products are not included.



# 2011 Edition Certification Products

## Certified Health IT Product List (CHPL)



- **1880** “unique” 2011 Certified EHR Products (as of 06-06-2014)

	Ambulatory	Inpatient	Total
<b>Complete EHR</b>	<b>825</b>	<b>106</b>	<b>931</b>
<b>Modular EHR</b>	<b>484</b>	<b>465</b>	<b>949</b>
<b>Total</b>	<b>1309</b>	<b>571</b>	<b>1880</b>

This table shows the unique count of 2011 products only. Any additional versions of the same products are not included.



## About the Meaningful Use CEHRT NPRM

- CMS and ONC NPRM published on May 20 proposing 2014 CEHRT flexibility and extension of Stage 2
- If finalized, the NPRM would:
  - Allow providers to meet meaningful use with EHRs certified to the 2011 or the Edition criteria, or a combination of both Editions in 2014
  - Require providers to report using 2014 Edition CEHRT for 2015 EHR Reporting Period
  - Extend Stage 2 through 2016



## Proposed Options: Stage 1

Proposed options for providers scheduled to meet Stage 1 in 2014

### 2011 CEHRT

- 2013 Definition Stage 1 objectives and 2013 CQMs

### 2011 & 2014 CEHRT

- 2013 Definition Stage 1 objectives and 2013 CQMs; **or**
- 2014 Definition Stage 1 objectives and 2014 CQMs

### 2014 CEHRT

- 2014 Definition Stage 1 objectives and 2014 CQMs



## Proposed Options: Stage 2

Proposed options for providers scheduled to meet Stage 2 in 2014

### 2011 CEHRT

- 2013 Definition Stage 1 objectives and 2013 CQMs

### 2011 & 2014 CEHRT

- 2013 Definition Stage 1 objectives and 2013 CQMs; **or**
- 2014 Definition Stage 1 objectives and 2014 CQMs; **or**
- 2014 Definition Stage 2 objectives and 2014 CQMs

### 2014 CEHRT

- 2014 Definition Stage 2 objectives and 2014 CQMs; **or**
- 2014 Definition Stage 1 objectives and 2014 CQMs



U.S. Department of Health and Human Services



Agency for Healthcare Research and Quality

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## JASON Report: A Robust Health Data Infrastructure

- Sponsored by AHRQ in collaboration with ONC and the Robert Wood Johnson Foundation
- JASON is an independent scientific group that provides consulting services to the US government on matters of science and technology. It was established in 1959.

A Robust Health Data Infrastructure

Conrad Dan McSherry — [danconradmsherry.org](http://danconradmsherry.org)

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# Key Findings

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- The current lack of interoperability among data resources for EHRs is a major impediment to the unencumbered exchange of health information and the development of a robust health data infrastructure.
- Interoperability issues can be resolved only by establishing a comprehensive, transparent, and overarching software **architecture** for health information.
- The twin goals of improved health care and lowered health care costs will be realized only if health-related data can be used in the public interest, for both clinical practice and biomedical research.
- That will require implementing technical solutions that both protect patient privacy and enable data integration across patients.



## Recommendations (selected)

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- Within 12 months, ONC should define an overarching software architecture for the health data infrastructure.
- EHR vendors should be required to develop and publish APIs that support the architecture of the health data infrastructure.

Presented by Dr. Jon White at the HITPC Meeting on 06/10/14

Dr. DeSalvo's blog (April 2014): <http://www.healthit.gov/buzz-blog/from-the-onc-desk/robust-health-data-infrastructure/>

The Report (April 2014, AHRQ Publication No. 14-0041-EF): [http://healthit.gov/sites/default/files/ptp13-700hhs\\_white.pdf](http://healthit.gov/sites/default/files/ptp13-700hhs_white.pdf)

# President's Council of Advisors on Science and Technology

May 2014

## Better Health Care and Lower Costs: Accelerating Improvement through Systems Engineering



[http://www.whitehouse.gov/sites/default/files/microsites/ostp/PCAST/pcast\\_systems\\_engineering\\_in\\_healthcare - may 2014.pdf](http://www.whitehouse.gov/sites/default/files/microsites/ostp/PCAST/pcast_systems_engineering_in_healthcare_-_may_2014.pdf)



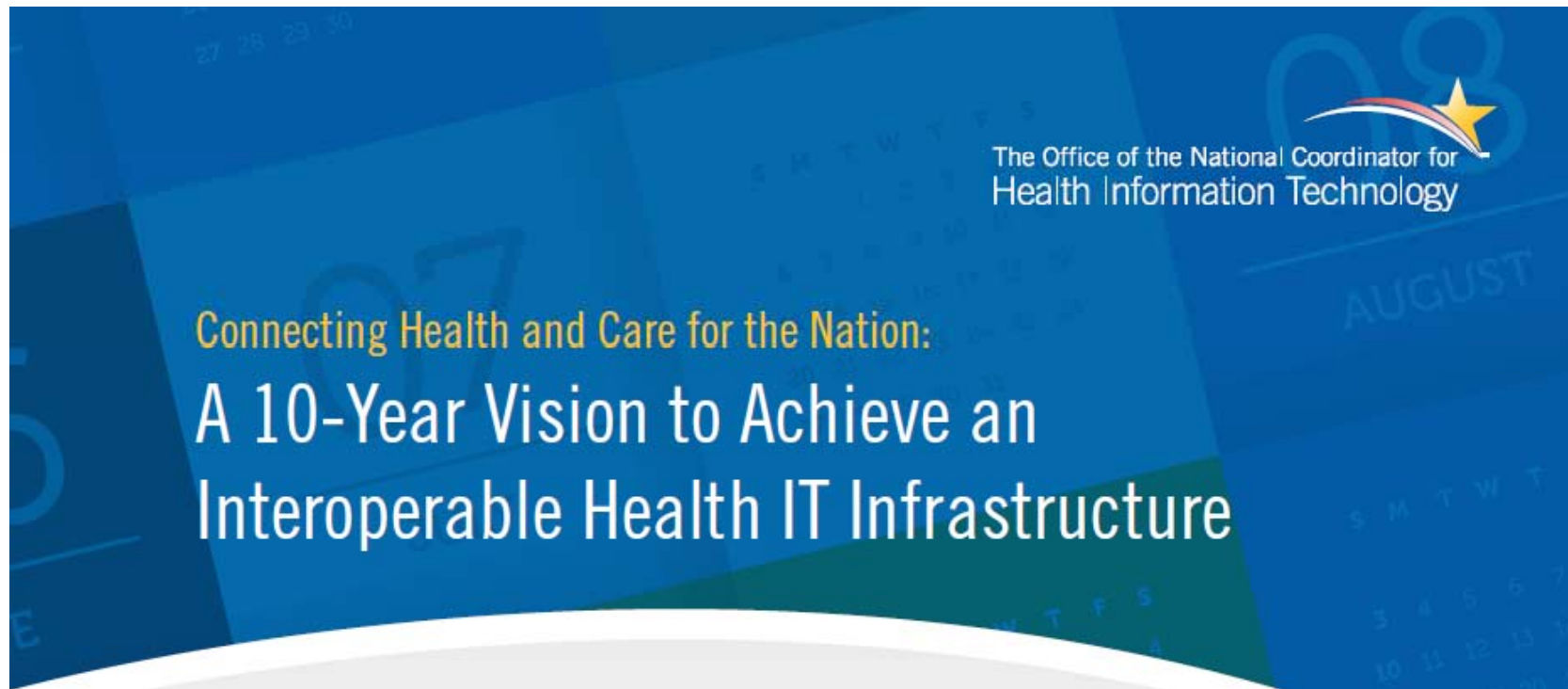
# Summary and Conclusions

- Systems engineering is an important tool to help the Nation achieve safe, high quality, and affordable health care.
- PCAST identifies a comprehensive set of recommendations to encourage the use of systems engineering in health care by:
  - ❖ Accelerating alignment of payment systems with desired outcomes,
  - ❖ Increasing access to relevant health data and analytics,
  - ❖ Providing technical assistance in systems engineering approaches,
  - ❖ Involving communities in improving health-care delivery,
  - ❖ Sharing lessons learned from successful improvement efforts, and
  - ❖ Training health professionals in new skills and approaches.



**President's Council of Advisors on Science and Technology**

# Release of the ONC Vision for Interoperability



Goals for 3, 6 and 10 years

Dr. DeSalvo's blog (June 2014): <http://www.healthit.gov/buzz-blog/health-information-exchange-2/call-action-nationwide-interoperable-health-infrastructure/>

The Report (June 2014): <http://www.healthit.gov/sites/default/files/ONC10yearInteroperabilityConceptPaper.pdf>

# HealthIT Dashboard

Home Dashboards Health IT Library DataViz Datasets FAQ

The **Health IT Dashboard** provides **open access** to data and information products that measure and visualize trends in the nationwide adoption of health information technology. The Health IT Dashboard is an **Open Government** initiative developed and maintained by the Office of the National Coordinator for Health IT (ONC), a division of the U.S. Department of Health and Human Services (HHS).

[Learn more](#) about the ONC and health information technology through the Dashboard's featured information and data products:

- Interactive program [performance dashboards](#)
- Library of [program evaluations and reports](#)
- Interactive and downloadable [data visualizations](#)
- Downloadable program [datasets](#)

[Search and sort](#) the full Dashboard catalog:

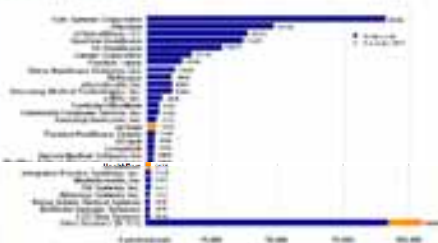



Publication ▼ Subject ▼ Keywords ▼

## EHR Vendors

**EHR Vendors Reported by Health Care Professionals Participating in the CMS EHR Incentive Programs and the ONC Regional Extension Centers Program**

Quick-Stat #30



As of March 2014, 741 health IT vendors supply certified EHR products to 445,416 health care professionals participating in the CMS EHR Incentive Programs and/or ONC REC Program. Epic Systems, Allscripts, eClinicalWorks, NextGen Healthcare, and GE Healthcare comprise over 50% of the market share of primary certified EHRs for participating professionals. [View the Quick-Stat](#)

Keywords: EHR Vendors, Health Care Professionals, EHR Incentive Programs, REC Program

## EHR Vendors

**EHR Vendors Reported by Hospitals Participating in the CMS EHR Incentive Programs**

Quick-Stat #29



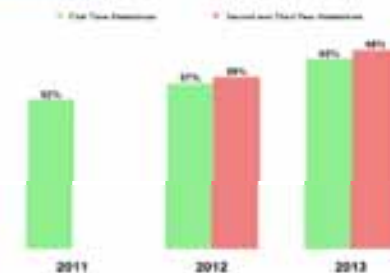
As of March 2014, 160 health IT vendors supply certified EHR products to 4,404 hospitals participating in the CMS EHR Incentive Programs. MEDITECH, Epic Systems, and Cerner comprise 50% of the market share of primary certified EHRs for participating hospitals. [View the Quick-Stat](#)

Keywords: EHR Vendors, Hospitals, EHR Incentive Programs

## Health Care Professionals

**Majority of Primary Care Physicians Able to Submit Electronic Immunization Data to Local Public Health Agencies**

Quick-Stat #28



Approximately 7 out of 10 primary care physicians eligible for the Medicare EHR Incentive Program selected the Immunization Meaningful Use Menu measure without exclusion in 2013, up from approximately 5 in 10 in 2011. [View the Quick-Stat](#)

Keywords: Health Care Professionals, EHR Incentive Programs, Public Health

# Functional Re-Structuring & Re-Alignment



- FACA Committees and Work Groups
- ONC Offices and Staff